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8791 7590 04/27/2005

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN**  
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08/01/2005 WAFW2 00000045 10810093

01 FC:1501 1400.00 OP  
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<b>T. J. DELGADO</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>7/27/05</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,093	03/26/2004	Muhammad M. Khellah	42P16596	8201

TITLE OF INVENTION: SRAM WITH FORWARD BODY BIASING TO IMPROVE READ CELL STABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, ANDREW Q	2824	365-154000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **BLAKELY, SOKOLOFF,**2 **TAYLOR AND ZAFMAN**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**INTEL CORPORATION**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**SANTA CLARA, CALIFORNIA**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **7/27/2005**Typed or printed name **EDWIN H. TAYLOR**Registration No. **25,1299**

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